05/01/2012 DEPARTMENT OF COMMERCE Form PTO-1594 (Rev. 03-11) ates Patent and Trademark Office OMB Collection 0651-0027 (exp. 03/31/2012) RECOF 103644927 To the Director of the U. S. Patent and the demark office Please record the attached documents or the new address(es) below. S105 - 1 YAM 2. Name and address of receiving party(ies) 1. Name of conveying party(ies): ] Yes Additional names, addresses, or citizenship attached? Received X No American Insurance Administrators, Inc. Name: American Insurance Administrators, LLC (SCOLUBIOO) Internal Association Individual(s) Address: Limited Partnership General Partnership Street Address: 3070 Riverside Drive X Corporation- State:Ohio City: Columbus Other State:Ohio Citizenship (see guidelines) Zip:43221 Country: U.S.A. Yes X No Additional names of conveying parties attached? Association Citizenship \_ General Partnership Citizenship 3. Nature of conveyance )/Execution Date(s): Limited Partnership Citizenship Execution Date(s) February 6, 2012 Corporation Citizenship Ohio Merger Other\_ Citizenship If assignee is not domiciled in the United States, a domestic Security Agreement Change of Name representative designation is attached: Yes (Designations must be a separate document from assignment) Other 4. Application number(s) or registration number(s) and identification or description of the Trademark. B. Trademark Registration No.(s) A. Trademark Application No.(s) 1,724,755; 1,744,791; 1,796,069; 1,824,612; 2,109,386; 2,111,240; 2.355,676; 2,363,611; 2,380,896 Additional sheet(s) attached? X Yes No C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): 5. Name & address of party to whom correspondence 6. Total number of applications and 28 concerning document should be mailed: registrations involved: Name: James A. Hudak 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$715.00 Internal Address: Authorized to be charged to deposit account Street Address: 29425 Chagrin Blvd., Suite #304 X Enclosed 8. Payment Information: City:Cleveland Zip:44122 State Ohio Phone Number:(216) 292-3900 Deposit Account Number Fax Number: (216) 292-3930 Authorized User Name Email Address: james\_hudak@att.net 40.6

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

James A. Hudak

Name of Person Signing

9. Signature:

25,20/2

Total number of pages including cover

sheet, attachments, and document:

Form **PTO-1594** (Rev. 03-11) OMB Collection 0651-0027 (exp. 03/31/2012)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY				
To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.				
1. Name of conveying party(ies):	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached?  Yes			
American Insurance Administrators, Inc.	Name: American Insurance Administrators, LLC			
Individual(s)	General Partnership Citizenship  Limited Partnership Citizenship  X Corporation CitizenshipOhio  Other  Citizenship  If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  (Designations must be a separate document from assignment)			
A. Trademark Application No.(s)	B. Trademark Registration No.(s) 2,385,056; 2,389,435; 2,515,137; 2,543,199; 2,653,110; 2,705,422; 2,787,593; 2,855,524; 2,870,424  Additional sheet(s) attached? Yes No			
C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):				
5. Name & address of party to whom correspondence concerning document should be mailed: Name: James A. Hudak	6. Total number of applications and registrations involved:			
Internal Address:	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$715.00			
Street Address:29425 Chagrin Blvd., Suite #304	Authorized to be charged to deposit account Enclosed			
City Cleveland	8. Payment Information:			
State Ohio Zip 44122	·			
Phone Number (216) 292-3900	Deposit Account Number			
Fax Number: (216) 292-3930	Authorized User Name			
Email Address: james_hudak@aft.net				
9. Signature: Que Q. Judak Signature	<u>April 25, 2012</u> Date			
James A. Hudak Name of Person Signing	Total number of pages including cover sheet, attachments, and document: 7			

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Form PTO-1594 (Rev. 03-11)
OMB Collection 0651-0027 (exp. 03/31/2012)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY		
To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.		
1. Name of conveying party(ies):	2. Name and address of receiving party(ies)   Yes   Additional names, addresses, or citizenship attached?	
American Insurance Administrators, Inc.	Name: American Insurance Administrators, LLC	
Individual(s) Association	Internal Address:	
General Partnership Limited Partnership	Street Address: 3070 Riverside Drive	
⊠ Corporation- State: Ohio     Other	City: Columbus	
Other	State: Ohio	
Citizenship (see guidelines)	Country: U.S.A. Zip: 43221	
Additional names of conveying parties attached? Yes No		
3. Nature of conveyance )/Execution Date(s) :	General Partnership Citizenship	
Execution Date(s)February 6, 2012	Limited Partnership Citizenship	
	Corporation Citizenship Ohio	
	Other Citizenship	
Security Agreement Change of Name	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No	
Other	(Designations must be a separate document from assignment)	
	d identification or description of the Trademark.  B. Trademark Registration No.(s) 2,943,977; 3,001,717; 3,026,979; 3,056,831; 3,185,527; 3,274,323; 3,418,089; 4,007,880; 4,043,632	
	Additional sheet(s) attached? X Yes No	
C. Identification or Description of Trademark(s) (and Filing	Date if Application or Registration Number is unknown):	
5. Name & address of party to whom correspondence concerning document should be mailed:  Name: James A. Hudak	6. Total number of applications and registrations involved:	
Internal Address:	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$715.00	
	Authorized to be charged to deposit account	
Street Address:29425 Chagrin Blvd., Suite #304	∑ Enclosed	
City Cleveland.	8. Payment Information:	
State Ohio Zip:44122		
Phone Number:(216) 292-3900	Deposit Account Number	
Fax Number: (216) 292-3930	· · ·	
Email Address: <sub>james_hudak@att.net</sub>	Authorized User Name	
9. Signature: Janes G. Huck	April 25, 2012	
Signature	Date	
James A. Hudak	Total number of pages including cover sheet, attachments, and document: 7	
Name of Person Signing	J1554 (411551115)	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

RECORDATION FORM COVER SHEET TRADEMARKS ONLY		
To the Director of the U. S. Patent and Trademark Office: Pleas	se record the attached documents or the new address(es) below.	
1. Name of conveying party(ies):	2. Name and address of receiving party(ies)  Additional names, addresses, or citizenship attached?	
American Insurance Administrators, Inc.	الكا ١٩٥	
•	Name: American Insurance Administrators, LLC Internal	
Individual(s) Association	Address:	
General Partnership Limited Partnership	Street Address: 3070 Riverside Drive	
X Corporation- State: Ohio	City: Columbus	
Other	State:Ohio	
Citizenship (see guidelines)	Country: <u>U.S.A.</u> Zip:43221	
Additional names of conveying parties attached? Yes X No		
C Natural of a superior (Paterior)	General Partnership Citizenship	
3. Nature of conveyance )/Execution Date(s):	Limited Partnership Citizenship	
Execution Date(s)February 6, 2012	★ Corporation Citizenship Ohio	
	Other Citizenship	
Security Agreement Change of Name	If assignee is not domiciled in the United States, a domestic	
Other	representative designation is attached: Yes No (Designations must be a separate document from assignment)	
A. Trademark Application No.(s)  C. Identification or Description of Trademark(s) (and Filing	B. Trademark Registration No.(s)  4,047,294  Additional sheet(s) attached? Yes No  Date if Application or Registration Number is unknown):	
5. Name & address of party to whom correspondence concerning document should be mailed: Name James A. Hudak	6. Total number of applications and registrations involved:	
Internal Address:	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$715.00	
Street Address:29425 Chagrin Blvd., Suite #304	<ul><li>☐ Authorized to be charged to deposit account</li><li>☑ Enclosed</li></ul>	
City:Cleveland	8. Payment Information:	
State Ohio Zip 44122		
Phone Number:(216) 292-3900	Deposit Account Number	
Fax Number:(216) 292-3930	· ·	
Email Address:james_hudak@att.net	Authorized User Name	
9. Signature: A. Huck Signature	April 25, 20/2 Date	
James A. Hudak	Total number of pages including cover 7	
Name of Person Signing	sheet, attachments, and document:	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

## **ASSIGNMENT**

WHEREAS, American Insurance Administrators, Inc., an Ohio Corporation, having a principal place of business at 3070 Riverside Drive, Columbus, Ohio 43221 (hereinafter referred to as the "ASSIGNOR"), owns, has used, and is using the following marks which are registered in the United States Patent and Trademark Office:

UNITED STATES REGISTRATION NO.	<u>MARK</u>
1,724,755	GRADMED
1,744,791	MAJORMED+
1,796,069	PROTECTORMED+
1,824,612	SUPLIMED 65+
2,109,386	ALUMNIMED+
2,111,240	ALUMNIDENT
2,355,676	ALUMNITERM
2,363,611	THE ALUMNI HEALTH INSURANCE PROGRAM
2,380,896	THE ALUMNI LIFE INSURANCE PROGRAM
2,385,056	AMERICAN INSURANCE ADMINISTRATORS
2,389,435	ESTATETERM
2,515,137	ALUMNI INSURANCE PROGRAM
2,543,199	ALUMNILTC
2,653,110	GRADGIFT
2,705,422	SENIOR ALUMNITERM

TRADEMARK REEL: 004790 FRAME: 0461

UNITED STATES REGISTRATION NO.	<u>MARK</u>
2,787,593	THE ALUMNI AUTO AND HOME INSURANCE PROGRAM
2,855,524	ALUMNIABROAD
2,870,424	ALUMNIAUTO
2,943,977	NEATrust
3,001,717	Alumni PetHealth
3,026,979	THE ALUMNI TRAVEL INSURANCE PROGRAM
3,056,831	ALUMNIANNUITY
3,185,527	Alumni ID Recovery
3,274,323	LIFE LEGACY
3,418,089	ALUMNITERM 10/20
4,007,880	ALUMNI Mortgage NEW HOME & REFINANCING
4,043,632	ALUMNIMORTGAGE
4,047,294	ALUMNI Mortgage

WHEREAS, American Insurance Administrators, LLC, an Ohio Limited Liability Company, having a principal place of business at 3070 Riverside Drive, Columbus, Ohio 43221 (hereinafter referred to as the "ASSIGNEE"), is desirous of acquiring said marks and the registrations thereof.

NOW THEREFORE, in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, the said ASSIGNOR does hereby assign unto the said ASSIGNEE all right, title and interest in and to said marks,

registrations thereof.
IN WITNESS WHEREOF, the said ASSIGNOR has caused this instrument to be signed
by a duly authorized officer thereof, this day of, 2012.
American Insurance Administrators, Inc.
By: John R. Sorrentino Secretary
Ny W York  State of Ohio  )  County of Franklin  westchest  )
On this <u>loth</u> day of <u>Februar</u> , 2012, before me appeared the above-named American Insurance Administrators, Inc., by John R. Sorrentino, its Secretary, who acknowledged that he did sign the foregoing instrument, and that the same is the free act and deed of said Corporation, and the free act of him personally and as such Officer of said Corporation.
IN TESTIMONY THEREOF, I have hereunto set my bond and official seal, at bracking manor, by this Letn day of February, 2012.
DORIS FARAGALLAH Notary Public, State of New York No. 01FA6116333 Qualified in Bronx County Notary Public  Notary Public

together with the goodwill of the business symbolized by said marks and the above-identified

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**RECORDED: 05/01/2012**